

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF
NEW YORK

-----X
In Re:

Chapter 7

LALITA DEVI SUKHRAM and
ESHWAR NAUTH SUKHRAM,

Case No. 11-42627 (JF)

2012 AUG 13 P 12:33

RECEIVED/MR

Debtors.
-----X

ROBERT L. GELTZER, as Trustee of the
Estate of Lalita Devi Sukhram and
Eshwar Nauth Sukhram,

Plaintiff

Adv. Pro. No. 12-1150 (JF)

-against-

KASTURIE MAHADAN and
BHUSHAN SUKHRAM,

Defendants.

NOTICE OF ANSWER

SIRS

PLEASE TAKE NOTICE, that upon affirmation I, Kasturie Mahadan, defendant of the above case resides at 729 Frisbee Street, East Chatham NY 12060 sworn on this 8th day of August 2012.

CLAIM OF RELIEF

PLEASE TAKE NOTICE, that my brother, Eshwar Nauth Sukhram did not give me a gift as was stated in your statement. It was not a "Gift".

See exhibit(s)

WHEREFORE, your affirmant respectfully request an order dismissing the petition herein and for any other and further relief as to the Court seems just and proper.

Date August 8, 2012
East Chatham, New York



KASTURIE MAHADAN
DEFENDANT.

Exhibit A

LETTER OF CERTIFICATION

I KASTURIE MAHADAN currently residing at 729 Frisbee Street, East Chatham, New York, 12060, as of this day August 8th, 2012 certifies that I was a one third share beneficiary party under the life insurance policy of our mother (PARANDAYA BOODHRAM) which was worth \$150,000.00, bearing the fact that I made my one third share contribution towards the monthly payments of the policy in the amount of \$151.00.(due on the first of the month)My initial payment was for \$282.00. I began making my one third share contribution payments of \$151.00 since the policy came into effect in June 1st 1994 until the death of my mother in November 17 2007. However my payments were given in cash to my brother Eshwar Nauth Sukhram, being that he was the primary policy holder, he then further submit the monthly payments. I Kasturie Mahadan has invested approximately\$ 24,442.00 dollars into the Insurance policy. After the death of my mother and upon receipt of the insurance check in the amount of \$150,000.00 my brother Eshwar Nauth Sukhram duly give to me my one third share which was due to me in the amount of \$50,000.00, the other \$5,000.00 in question was the repayment of a personal loan.

Witness:

Janetta Megers

Kasturie Mahadan
Kasturie Mahadan

_____ [Acknowledgements To Be Attached] _____

State of: New York)
)s.s.:

County of Schenectady

On the 10 day of August in the year 2012, before me, the above mentioned personnel, personally appeared, Kasturie Mahadan personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Dore F. Hinds
Notary Public.

Registration # 02 HI 6213064
Expiration 11/02/2013

Exhibit B

MAY 30, 1994
RE. PARANDAYA BODDHAM (our mother) MET
LIFE INS POLICY.

GENERAL AGREEMENT.

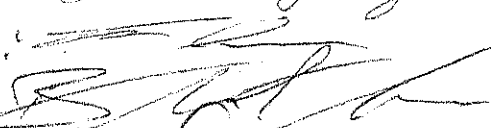


- * THIS AGREEMENT; MADE BETWEEN ESTHAR N SAKITHAM (FIRST PARTY) + BHUSHAN P. SAKITHAM AND KASTURIE MAHADEW (SECOND PARTY).
- * THIS ~~AGREEMENT~~ IS TO CONFIRM THAT THE ABOVE NAMED JOIN A ^{MET} LIFE INSURANCE POLICY IN OUR MOTHER PARANDAYA BODDHAM IN THE AMOUNT OF \$50,000 ~~ea~~.
- * ESTHAR N SAKITHAM (our brother) WILL BE THE HOLDER OF THE MET LIFE INSURANCE POLICY.
- * THE PREMIUM FOR THIS POLICY SHALL BE PAID BY THE THREE (3) OF US IN THE EVENT OUR MOTHER PASS AWAY, THE POLICY WILL BE SPLIT IN 3 (THREE) \$50,000 ~~ea~~ EACH.
- * BHUSHAN SAKITHAM & KASTURIE MAHADEW WILL GIVE ESTHAR SAKITHAM OUR PREMIUM TO PAY FOR THE ABOVE POLICY FOR PARANDAYA BODDHAM THE FIRST PAYMENT OF \$782 EACH & EACH OTHER PAYMENT IS \$151 ~~ea~~ EACH.
- * NOTE: BHUSHAN SAKITHAM WILL PAY BY CHECK.
NOTE: KASTURIE MAHADEW WILL PAY BY CASH.
- ESTHAR N SAKITHAM: 
BHUSHAN P. SAKITHAM: 
KASTURIE MAHADEW: 

Exhibit C

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No.

156-07-046922

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
NOV-19-2007 08:52 PM

1. DECEDENT'S
LEGAL NAME

PARANDAYA BOODHRAM

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	Place of Death 2a. New York City 2b. Borough QUEENS	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Name of hospital or other facility (if not facility, street address) 89-21 169th STREET	
	Date and Time of Death 3a. (Month) (Day) (Year-yyyy) NOVEMBER 17 2007	3b. Time 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4. Sex F	5. Date last attended by a Physician mm dd yyyy 10 29 2007	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician DR. MARIUS PESSAH		Signature <i>[Signature]</i>		D.O. M.D. 11/19/2007	
Address 1575 Hillside Ave		License No. 114082		Date 11/19/2007	
7a. Usual Residence State NEW YORK	7b. County QUEENS	7c. City or Town JAMAICA	7d. Street and Number 89-21 169th STREET	Apt. No. 11432	7e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Date of Birth (Month) (Day) (Year-yyyy) APRIL 20, 1925		9. Age at last birthday (years) 82 YEARS		10. Social Security No. [REDACTED]	
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") HOMEMAKER		11b. Kind of business or industry OWN HOME		12. Aliases or AKAs	
13. Birthplace (City & State or Foreign Country) GUYANA		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input checked="" type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		16. Marital Status at Time of Death 1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Married, but separated 5 <input checked="" type="checkbox"/> Widowed 2 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Unknown		17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)	
18. Father's Name (First, Middle, Last) GURDASS		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) SUKHRANI			
20a. Informant's Name SAHADEO SUKHRAM		20b. Relationship to Decedent SON		20c. Address (Street and Number Apt. No. City & State ZIP Code) 84-41 169th STREET JAMAICA, NY 11432	
21a. Method of Disposition <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify		21b. Place of Disposition (Name of cemetery, crematory, other place) MAPLE GROVE CEMETERY			
21c. Location of Disposition (City & State or Foreign Country) KEW GARDENS, NEW YORK		21d. Date of Disposition mm dd yyyy 11 20 2007			
22a. Funeral Establishment BERNARD F. DOWD, INC. FUNERAL HOME		22b. Address (Street and Number City & State ZIP Code) 165-20 HILLSIDE AVENUE JAMAICA, NY 11432			

VR 15 (Rev. 01/06)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.21 of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

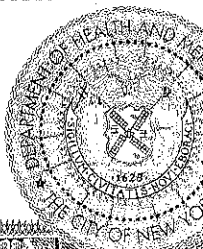
DATE ISSUED

Nov 19, 2007

Steven P. Schwartz, Ph.D., City Registrar



V 0 0 6 6 2 7 1 0



The City of New York

Exhibit D

June 15, 2012

To whom it may concern:

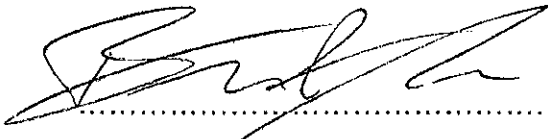
I, Bhushan P Sukhram, 1213 Gail Street, Apopka, Florida 32703, here by confirm that in May 1994 Eshwar N Sukhram, Bhushan P. Sukhram, and Kasturie Mahadan join a life insurance policy on our mother, Parandaya Boodhram in the amount of \$150,000.00.

Eshwar N Sukhram currently residing at 90-27 186 St, Hollis, NY 11423, was the primary policy holder.

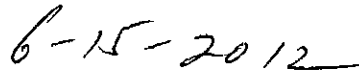
The agreement was that in the event of our mother pass away the \$ 150,000.00 Shall split in three ways at \$50,000.00 each for Eshwar N Sukhram, Bhushan P Sukhram, and Kasturie Mahadan.

The premium for the insurance policy was paid by the three of us (Eshwar N Sukhram, Bhushan P. Sukhram, and Kasturie Mahadan).

Bhushan P. Sukhram and Kasturie Mahadan give Eshwar N Sukhram our part of the premium (\$151.00) to pay for this insurance policy since 1994.



Bhushan P Sukhram, COSS



Date

